

AARP Survey of Community Residents Questionnaire

Subject Informed Preamble Consent

Program and Community Resource Needs Assessment in the Areas of Bullitt, Jefferson, Oldham, Shelby, Spencer, Henry and Trimble Counties, Kentucky

You are being invited to participate in a research study by answering online or telephone survey questions about your needs for social services, barriers you may have experienced in getting the social services you want and your satisfaction with the services provided by the Kentuckian Regional Planning and Development Agency (KIPDA). You will be asked basic demographic questions as well as questions about your community, housing, outdoor spaces and buildings, transportation and streets, health and wellness, social participation, inclusion and education opportunities, volunteering and civic engagement, and job opportunities.

There are no known risks for your participation in this research study. The information collected may not benefit you directly. The information you provide may be helpful to others. The information you provide will be used to help KIPDA provide services that are needed by the community, allow KIPDA to get a good understanding of who makes up the community they serve and what services are needed and determine how satisfied you are with the services they provide. Your completed survey will be stored at the Institute for Sustainable Health & Optimal Aging, University of Louisville, 300 E. Market Street, Suite 200, Louisville, Kentucky 40202. The survey will take approximately thirty (30) minutes to complete.

Individuals from the Institute for Sustainable Health & Optimal Aging, the Institutional Review Board (IRB), the Human Subjects Protection Program Office (HSPPO), and other regulatory agencies may inspect these records. In all other respects, however, the data will be held in confidence to the extent

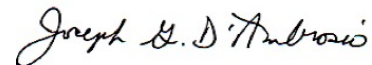
permitted by law. Should the data be published, your identity will not be disclosed.

Taking part in this study is voluntary. By answering online or telephone survey questions you agree to take part in this research study. You do not have to answer any questions that make you uncomfortable. You may choose not to take part at all. If you decide to be in this study you may stop taking part at any time. If you decide not to be in this study or if you stop taking part at any time, you will not lose any benefits for which you may qualify. If you have any questions, concerns, or complaints about the research study, please contact Anna Faul, PhD at 502-852-1981 or Joseph G. D'Ambrosio, PhD at 502-852-7811.

If you have any questions about your rights as a research subject, you may call the Human Subjects Protection Program Office at (502) 852-5188. You can discuss any questions about your rights as a research subject, in private, with a member of the Institutional Review Board (IRB). You may also call this number if you have other questions about the research, and you cannot reach the research staff, or want to talk to someone else. The IRB is an independent committee made up of people from the University community, staff of the institutions, as well as people from the community not connected with these institutions. The IRB has reviewed this research study. If you have concerns or complaints about the research or research staff and you do not wish to give your name, you may call 1-877-852-1167. This is a 24-hour hot line answered by people who do not work at the University of Louisville.



Anna Faul, PhD



Joseph G. D'Ambrosio, PhD

SECTION 1: YOUR COMMUNITY

**Q1 How would you rate your community as a place for people to live as they age?
(This would be the geographical location where your home is located. A community can be located within a city or town or county.)**

- Excellent (1)
- Very Good (2)
- Good (3)
- Fair (4)
- Poor (5)

Q2 What is the name of your community?

Q3 What is your 5-digit ZIP code?

Q4 How long have you lived in this community?

- Less than 5 years (1)
- 5 years but less than 15 years (2)
- 15 years but less than 25 years (3)
- 25 years but less than 35 (4)
- 35 years but less than 45 (5)
- 45 years or more (6)

Q5 How long have you lived in your county?

- 5 years or less (1)
- 5 years but less than 15 years (2)
- 15 years but less than 25 years (3)
- 25 years but less than 35 (4)
- 35 years but less than 45 (5)
- 45 years or more (6)

Q6 Some people reside in places outside of their state for part of the year.

Which of the following describes how you reside in in your state? [CHECK ONLY ONE]

- Year round, do not reside anywhere outside of Kentucky (1)
- Seasonally, reside outside of Kentucky during Winter, Spring, Summer or Fall on a regular basis (2)

Q7 Thinking about your retirement years when you do not work at all for pay, how likely is it that you will move to a different home *in* your community?

- Extremely likely (1)
- Very likely (2)
- Somewhat likely (3)
- Not very likely (4)
- Not at all likely (5)
- Not sure (6)

Q8 Thinking about your retirement years when you do not work at all for pay, how likely is it that you will move to a different home *outside* of your community?

Extremely likely (1)

Very likely (2)

Somewhat likely (3)

Not very likely (4)

Not at all likely (5)

Not sure (6)

Q9 If you were to consider moving out of your community during your retirement when you do not work at all, would the following factors impact your decision to move?

	Yes (1)	No (2)	Not Sure (3)
a. Looking for a different home size that meets your needs (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- b. Maintaining your current home will be too expensive (2)
- c. Fearing for your personal safety or security concerns (3)
- d. Looking for a home that will help you live independently as you age (4)
- e. Wanting to move to an area that has better health care facilities (5)
- f. Wanting to be closer to family (6)
- g. Needing more access to public transportation (7)
- h. Wanting to live in a different climate (8)
- i. Looking for an area that has a lower cost of living (9)
- j. Other, please specify: _____ (10)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10 How important is it for you to remain in your community as you age?

- Extremely important (1)
- Very important (2)
- Moderately important (3)
- Not very important (4)
- Not at all important (5)

SECTION 2: HOUSING

Q11 Do you own or rent your primary home — or do you have some other type of living arrangement, such as living with a family member or friend?

- Own (1)
- Rent (2)
- Other type of living arrangement (3)

Q12 What type of home is your primary home?

- Single family home (1)
 - Mobile home (2)
 - Town home or duplex (3)
 - Apartment (4)
 - Condominium or coop (5)
 - Other, please specify: (6) _____
-

Q13 How important is it for you to be able to live independently in your own home as you age?

- Extremely important (1)
- Very important (2)
- Somewhat important (3)
- Not very important (4)
- Not at all important (5)

Q14 People sometimes make modifications to their home so they can stay there as they age. Do you think you will need to make the following types of modifications or improvements to your home to enable you to stay there as you age?

	Yes (1)	No (2)	Not Sure (3)
a. Easier access into or within your home such as a ramp, chairlift or elevator, or wider doorways (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Bathroom modifications such as grab bars, handrails, a higher toilet or non-slip tiles (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Putting a bedroom, bathroom and kitchen on the first floor (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Improving lighting (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Installing a medical emergency response system that notifies others in case of emergency (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Other, please specify: _____ (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15 How important do you think it is to have the following in your community?

	Extremely Important (1)	Very Important (2)	Somewhat Important (3)	Not Very Important (4)	Not At All Important (5)
a. Home repair contractors who are trustworthy, do quality work and are affordable (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Well-maintained homes and properties (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A home repair service for low-income and older adults that helps with repairs (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Seasonal services such as lawn work or snow removal for low-income and older adults (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Affordable housing options for adults of varying income levels such as older active adult communities, assisted living and communities with shared facilities and outdoor spaces (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Homes that are equipped with features such as a no-step entry, wider doorways, first floor bedroom and bath, grab bars in bathrooms (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Well-maintained and safe low-income housing (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16 Does the community where you live have the following?

	Yes (1)	No (2)	Not Sure (3)
a. Home repair contractors who are trustworthy, do quality work and are affordable (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Well-maintained homes and properties (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A home repair service for low-income and older adults that helps with repairs (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Seasonal services such as lawn work or snow removal for low-income and older adults (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Affordable housing options for adults of varying income levels, such as older active adult communities, assisted living and communities with shared facilities and outdoor spaces (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Homes that are equipped with features such as a no-step entry, wider doorways, first floor bedroom and bath, grab bars in bathrooms (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17 If your home needs structural modifications so that you can remain in your home throughout your life how confident are you that you can afford the cost of the modifications?

- Not at all confident (1)
 - A little confident (2)
 - Somewhat confident (3)
 - Very confident (4)
 - Extremely confident (5)
-

Q18 If your home needs structural modifications so that you can remain in your home throughout your life how confident are you that you have the ability to make the modifications needed?

- Not at all confident (1)
- A little confident (2)
- Somewhat confident (3)
- Very confident (4)
- Extremely confident (5)

Q19 Over the past year was your home infested with bed bugs?

- Always (1)
- Almost always (2)
- Sometimes (3)
- Almost never (4)
- Never (5)

Q20 Do you have internet access in your home?

- Yes (1)
- No (2)

SECTION 3: OUTDOOR SPACES AND BUILDINGS

Q21 How important do you think it is to have the following in your community?

	Extremely Important (1)	Very Important (2)	Somewhat Important (3)	Not Very Important (4)	Not At All Important (5)
a. Well-maintained and safe parks that are within walking distance of your home (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Public parks with enough benches (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Sidewalks that are in good condition, free from obstruction and are safe for pedestrian use and accessible for wheelchairs or other assistive mobility devices (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Well-maintained public buildings and facilities that are accessible to people of different physical abilities (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Separate pathways for bicyclists and pedestrians (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Well-maintained public restrooms that are accessible to people of different physical abilities (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Neighborhood watch programs (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q22 Does the community where you live have the following?

	Yes (1)	No (2)	Not Sure (3)
a. Well-maintained and safe parks that are within walking distance of your home (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Public parks with enough benches (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Sidewalks that are in good condition, free from obstruction and are safe for pedestrian use and accessible for wheelchairs or other assistive mobility devices (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Well-maintained public buildings and facilities that are accessible to people of different physical abilities (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Separate pathways for bicyclists and pedestrians (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Well-maintained public restrooms that are accessible to people of different physical abilities (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Neighborhood watch programs (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 4: TRANSPORTATION AND STREETS

Q23 Do you get around for things like shopping, visiting the doctor, running errands or going to other places in the following ways?

	Always (1)	Almost Always (2)	Sometimes (3)	Almost Never (4)	Never (5)
a. Drive yourself (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Bike (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Walk (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have a neighbor drive you (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Have a friend drive you (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have a family member drive you (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Have a church member drive you (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Use public transportation (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

i. Take a taxi/cab (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Use a special transportation service, such as one for seniors or persons with disabilities (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Just not go and stay home (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other, please specify: _____ (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q24 When you need transportation to go to a doctor, pick up medications, or going for specialized medical services, do you generally...?

	Always (1)	Almost Always (2)	Sometimes (3)	Almost Never (4)	Never (5)
a. Drive yourself (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Bike (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Walk (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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| d. Have a neighbor drive you (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Have a friend drive you (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Have a family member drive you (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Have a church member drive you (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Use public transportation (8) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Take a taxi/cab (9) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Use a special transportation service, such as one for seniors or persons with disabilities (10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Use an ambulatory service (11) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Just not go and stay home (12) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Other, please specify:
_____ (13) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q25 How important do you think it is to have the following in your community?

	Extremely Important (1)	Very Important (2)	Somewhat Important (3)	Not Very Important (4)	Not At All Important (5)
a. Accessible and convenient public transportation (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Affordable public transportation (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Well-maintained public transportation vehicles (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Reliable public transportation (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Safe public transportation stops or areas (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Special transportation services for people with disabilities and older adults (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Well-maintained streets (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Easy to read traffic signs (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Enforced speed limits (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

j. Public parking lots, spaces and areas to park (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Affordable public parking (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Well-lit, safe streets and intersections for all users (pedestrians, bicyclists, drivers) (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Audio/visual pedestrian crossings (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Driver education/refresher courses (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q26 Does the community where you live have the following?

	Yes (1)	No (2)	Not Sure (3)
a. Accessible and convenient public transportation (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Affordable public transportation (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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| c. Well-maintained public transportation vehicles (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Reliable public transportation (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Safe public transportation stops or areas (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Special transportation services for people with disabilities and older adults (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Well-maintained streets (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Easy to read traffic signs (8) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Enforced speed limits (9) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Public parking lots, spaces and areas to park (10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Affordable public parking (11) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Well-lit, safe streets and intersections for all users (pedestrians, bicyclists, drivers) (12) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Audio/visual pedestrian crossings (13) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. Driver education/refresher courses (14) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q27 How often have you canceled or rescheduled a medical appointment due to lack of transportation?

- Every time (1)
 - Nearly every time (2)
 - 3-4 times (3)
 - 1-2 times (4)
 - Never (5)
-

Q28 Do you currently drive?

- Yes → **GO TO Q29** (1)
 - No → **GO TO Q30** (2)
-

Q29 How do you plan to get around when you are no longer able to drive?

	Yes (1)	No (2)	Not Sure (3)
a. Bike (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Walk (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have a neighbor drive you (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have a friend drive you (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Have a family member drive you (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have a church member drive you (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Use public transportation (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Take a taxi/cab (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Use a special transportation service, such as one for seniors or persons with disabilities (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

j. Just not go and stay home (10)

k. Other, please specify: _____ (11)

Q30 Have you ever used Uber or Lyft?

Yes (1)

No (2)

Q31 How confident are you in your ability to use a rider app (ex: Uber or Lyft) to request a ride?

Not at all confident (1)

A little confident (2)

Somewhat confident (3)

Very confident (4)

Extremely confident (5)

Q32 Do you think that education on how to use transportation apps on your smartphone would be beneficial to you?

- Yes (1)
- No (2)
- Not sure (3)

SECTION 5: HEALTH AND WELLNESS

Q33 In general, when compared to most people your age, how would you rate your health?

- Excellent (1)
- Very Good (2)
- Good (3)
- Fair (4)
- Poor (5)

Q34 How often do you engage in some form of physical exercise (such as walking, running, biking, swimming, sports, strength training, yoga, stretching)?

- Everyday (1)
- Several times a week, but not everyday (2)
- About once a week (3)
- About once every other week (4)
- About once a month (5)
- Less than once a month (6)
- Never (7)

Q35 How important is it to you to remain physically active for as long as possible?

- Extremely important (1)
- Very important (2)
- Somewhat important (3)
- Not very important (4)
- Not at all important (5)

Q36 How important do you think it is to have the following in your community?

	Extremely Important (1)	Very Important (2)	Somewhat Important (3)	Not Very Important (4)	Not All Important (5)
a. Health and wellness programs and classes in areas such as nutrition, smoking cessation, and weight control (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Fitness activities specifically geared to older adults (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Conveniently located health and social services (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A service that helps seniors find and access health and supportive services (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Conveniently located emergency care centers (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Easy to find information on local health and supportive services (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Home care services including health, personal care and housekeeping (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Well-trained certified home health care providers (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Affordable home health care providers (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

j. Well-maintained hospitals and health care facilities (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. A variety of health care professionals including specialists (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Health care professionals who speak different languages (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Easily understandable and helpful local hospital or clinic answering services (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Respectful and helpful hospital and clinic staff (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q37 Does the community where you live have the following?

	Yes (1)	No (2)	Not Sure (3)
a. Health and wellness programs and classes in areas such as nutrition, smoking cessation, and weight control (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Fitness activities specifically geared to older adults (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Conveniently located health and social services (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A service that helps seniors find and access health and supportive services (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | |
|---------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|
| e. Conveniently located emergency care centers (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Easy to find information on local health and supportive services (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Home care services including health, personal care and housekeeping (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Well-trained certified home health care providers (8) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Affordable home health care providers (9) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Well-maintained hospitals and health care facilities (10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. A variety of healthcare professionals including specialists (11) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Health care professionals who speak different languages (12) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Easily understandable and helpful local hospital or clinic answering services (13) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. Respectful and helpful hospital and clinic staff (14) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. Substance abuse prevention and intervention services (15) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q38 Are you currently prescribed opioid medications to manage chronic pain?

- Yes → **GO TO Q39** (1)
- No → **GO TO SECTION 6: Q43** (2)

Q39 For how long have you been prescribed this opioid medication?

- More than 10 years (1)
- For the past 5-10 years (2)
- For the past 3-5 years (3)
- For the past 1-2 years (4)
- Less than a year (5)

Q40 Did you see a pain management specialist for management for chronic pain?

- Yes (1)
- No (2)

Q41 Has your doctor offered alternative pain management (yoga, acupuncture, etc.)

Yes (1)

No (2)

Q42 Would you be interested in participating in alternative, non-drug treatment methods to help manage your chronic pain?

Yes (1)

No (2)

SECTION 6: SOCIAL PARTICIPATION, INCLUSION AND EDUCATION OPPORTUNITIES

**Q43 About how frequently do you interact with your friends, family or neighbors in your community? This interaction could be by phone, in person, email or social media (i.e. Facebook).
*More response choices on next page.***

More than once a day (1)

About once a day (2)

Several times a week (3)

Once a week (4)

Once every 2 or 3 weeks (5)

Once a month (6)

Less than monthly (7)

Never (8)

Q44 Do you feel included in activities in your community?

Always (1)

Almost always (2)

Sometimes (3)

Almost never (4)

Never (5)

Q45 Where do you typically go for continuing education or self-improvement classes/workshops in your community? [CHECK ALL THAT APPLY]

- University/Community College (1)
- Department of Parks and Recreation (2)
- Faith community (3)
- Local organizations or businesses (4)
- Community center (5)
- Senior center (6)
- Offerings through my work (7)
- Online programs (8)
- Other, please specify: (9)
- I do NOT participate in any continuing education/self-improvement classes (10)

Q46 How important do you think it is to have the following in your community?

	Extremely Important (1)	Very Important (2)	Somewhat Important (3)	Not Very Important (4)	Not At All Important (5)
a. Conveniently located venues for entertainment (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Activities specifically geared to older adults (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Activities that offer senior discounts (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Activities that are affordable to all residents (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Activities involving young and older people (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Accurate and widely publicized information about social activities (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. A variety of cultural activities for diverse populations (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Local schools that involve older adults in events and activities (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | | |
|----------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| i. Continuing education classes (9) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Social clubs such as for books, gardening, crafts or hobbies (10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q47 Does the community where you live have the following?

	Yes (1)	No (2)	Not Sure (3)
a. Conveniently located venues for entertainment (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Activities specifically geared to older adults (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Activities that offer senior discounts (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Activities that are affordable to all residents (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Activities that involve both younger and older people (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Accurate and widely publicized information about social activities (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. A variety of cultural activities for diverse populations (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

h. Local schools that involve older adults in events and activities (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Continuing education classes (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Social clubs such as for books, gardening, crafts or hobbies (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 7: VOLUNTEERING AND CIVIC ENGAGEMENT

Q48 How important do you think it is to have the following in your community?

	Extremely Important (1)	Very Important (2)	Somewhat Important (3)	Not Very Important (4)	Not At All Important (5)
a. A range of volunteer activities to choose from (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Volunteer training opportunities to help people perform better in their volunteer roles (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Opportunities for older adults to participate in decision making bodies such as community councils or committees (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | | |
|------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| d. Easy to find information about local volunteer opportunities (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Transportation to and from volunteer activities for those who need it (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q49 Does the community where you live have the following?

	Yes (1)	No (2)	Not Sure (3)
a. A range of volunteer activities to choose from (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Volunteer training opportunities to help people perform better in their volunteer roles (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Opportunities for older adults to participate in decision making bodies such as community councils or committees (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Easy to find information about local volunteer opportunities (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 8: JOB OPPORTUNITIES

Q50 Which of the following best describes your current employment status?

- Self-employed, part-time →**GO TO Q51** (1)
- Self- employed, full-time →**GO TO Q51** (2)
- Employed, part-time →**GO TO Q51** (3)
- Employed, full-time →**GO TO Q51** (4)
- Unemployed, but looking for work →**GO TO Q51** (5)
- Retired, not working at all →**GO TO Q52** (6)
- Not in labor force for other reasons →**GO TO Q52** (7)

Q51 How likely is it that you will continue to work for as long as possible, rather than choosing to retire and no longer work for pay? *More response choices on next page.*

- Extremely likely (1)
- Very likely (2)
- Somewhat likely (3)

- Not very likely (4)
- Not at all likely (5)
- Not sure (6)

Q52 How important do you think it is to have the following in your community?

	Extremely Important (1)	Very Important (2)	Somewhat Important (3)	Not Very Important (4)	Not At All Important (5)
a. A range of flexible job opportunities for older adults (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Job training opportunities for older adults who want to learn new job skills within their job or get training in a different field of work (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Jobs that are adapted to meet the needs of people with disabilities (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q53 Does the community where you live have the following?

	Yes (1)	No (2)	Not Sure (3)
a. A range of flexible job opportunities for older adults (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Job training opportunities for older adults who want to learn new job skills within their job or get training in a different field of work (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Jobs that are adapted to meet the needs of people with disabilities (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 9: COMMUNITY INFORMATION

Q54 Would you turn to the following resources if you, a family member or friend needed information about services for older adults, such as caregiving services, home delivered meals, home repair, medical transport or social activities?

	Yes (1)	No (2)
a. Local senior centers (1)	<input type="radio"/>	<input type="radio"/>
b. Local Area Agency on Aging (AAA) (2)	<input type="radio"/>	<input type="radio"/>
c. Family or Friends (3)	<input type="radio"/>	<input type="radio"/>

d. Local nonprofit organizations (4)

e. AARP (5)

f. Faith-based organizations such as churches or synagogues (6)

g. Internet (7)

h. Phone book (8)

i. Your doctor or other health care professional (9)

j. Local government offices such as the Department of Health (10)

k. Library (11)

Q55 How important do you think it is to have the following in your community?

	Extremely Important (1)	Very Important (2)	Somewhat Important (3)	Not Very Important (4)	Not At All Important (5)
a. Access to community information in one central source (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Clearly displayed printed community information with large lettering (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. An automated community information source that is easy to understand like a toll-free telephone number (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Free access to computers and the Internet in public places such as the library, senior centers or government buildings (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Community information that is delivered in person to people who may have difficulty or may not be able to leave their home (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Community information that is available in a number of different languages (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q56 Does the community where you live have the following?

	Yes (1)	No (2)	Not Sure (3)
a. Access to community information in one central source (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Clearly displayed printed community information with large lettering (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. An automated community information source that is easy to understand like a toll-free telephone number (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Free access to computers and the Internet in public places such as the library, senior centers or government buildings (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Community information that is delivered in person to people who may have difficulty or may not be able to leave their home (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Community information that is available in a number of different languages (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q57 How would you prefer your Chronic Disease Management information be presented to you?

- Online (1)
- By mail (2)
- By your primary care provider (3)
- By community information sessions (4)
- By your pharmacist (5)
- Other, please specify: (6) _____

SECTION 10: ABOUT YOU

Q58 What is your preferred gender?

- Male (1)
 - Female (2)
 - Other: (3) _____
-

Q59 What is your age as of your last birthday? (AGE IN YEARS)

Q60 What is your current marital status?

- Married (1)
- Not married, living with partner (2)
- Separated (3)
- Divorced (4)
- Widowed (5)
- Never married (6)

Q61 Are you or your spouse currently a member of AARP?

- Yes (1)
- No (2)

Q62 Besides yourself, do you have any of the following people living in your household?

	Yes (1)	No (2)
a. Child/children under 18 (1)	<input type="radio"/>	<input type="radio"/>
b. Child/children 18 or older (2)	<input type="radio"/>	<input type="radio"/>
c. Child/children away at college (3)	<input type="radio"/>	<input type="radio"/>
d. Parents (4)	<input type="radio"/>	<input type="radio"/>
e. Other adult relative or friend 18 or older (5)	<input type="radio"/>	<input type="radio"/>

Q63 Do you have any of the following kinds of health care coverage?

	Yes (1)	No (2)	Not Sure (3)
a. Insurance through a current or former employer of yours or your spouse (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Insurance purchased directly from an insurance company (not through an employer) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Medicare (for people 65 and older or people with certain health disabilities) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d. Medicaid or any kind of government assistance plan for those with low incomes or a disability (4)

e. Veterans Administration or other military health care (5)

f. Any other insurance coverage (6)

Q64 Does any disability, handicap, or chronic disease keep you and/or your spouse or partner from fully participating in work, school, housework or other activities?

Yes, myself (1)

Yes, my spouse or partner (2)

Yes, both me and my spouse or partner (3)

No (4)

Q65 Are you of Hispanic, Spanish, Latino origin or descent?

Yes →**GO TO Q66** (1)

No →**GO TO Q67** (2)

Q66 If you are Hispanic or Latino, please indicate which one best represents the language (s) you speak at home. [CHECK ONLY ONE]

- Spanish only (1)
- Spanish most of the time (2)
- Spanish and English equally but prefer Spanish (3)
- Spanish and English equally and do not have a preference (4)
- Spanish and English equally but prefer English (5)
- English most of the time (6)
- English only (7)

Q67 What is your race and/or ethnicity? [CHECK ALL THAT APPLY]. *More response choices on next page.*

- White or Caucasian (1)
- Black or African American (2)
- American Indian or Alaska Native (3)
- Asian (4)

Native Hawaiian or other Pacific Islander (5)

Other, please specify: (6) _____

Q68 What is the highest level of education you have completed?

K-12th grade (no diploma) (1)

High school graduate, GED or equivalent (2)

Post-high school education/training (no degree) (3)

2-year college degree (4)

4-year college degree (5)

Post-graduate study (no degree) (6)

Graduate or professional degree(s) (7)

Q69 Thinking about state elections for Kentucky Governor and Legislators in the last five years, how often would you say you voted?

- Always (1)
- Most of the time (2)
- About half of the time (3)
- Seldom (4)
- Never (5)

Q70 Do you consider yourself to be a Democrat, a Republican, an Independent or something else?

- Democrat (1)
- Republican (2)
- Independent (3)
- Something else (4)

Q71 In general, how often do you go online to access the Internet for things like sending or receiving email, getting news and information, paying bills or managing finances or buying products or services? This includes access from home, work, a mobile device (such as a smartphone), or someplace else.

- Several times a day (1)
- About once a day (2)
- 3-6 days a week (3)
- 1-2 days a week (4)
- Once every few weeks (5)
- Once a month or less (6)
- Never go online (7)

Q72 What was your annual household income before taxes in the most recent tax year? *More response choices on next page.*

- Less than \$10,000 (1)
- \$10,000 to \$19,999 (2)
- \$20,000 to \$29,999 (3)

- \$30,000 to \$49,999 (4)
 - \$50,000 to \$74,999 (5)
 - \$75,000 to \$99,999 (6)
 - \$100,000 to \$149,999 (7)
 - \$150,000 or more (8)
-

Q73 Please use the space below for any additional comments.

**Thank you very much for completing this survey.
Your assistance in providing this information is greatly appreciated.**